

What is the big deal, AXV or SCV, who really cares? What is the relevance of the distinction?

6. The AXV is not the SCV. Their relationship to the underlying pleura has tremendous clinical ramifications, especially lateral to the 2nd rib.
7. The AXV is a compressible structure. I compress it routinely when I assess the veins in this region. The SCV is taught to be incompressible. In fact, I believe the factors that render the SCV incompressible (the bony tunnel between the clavicle and 1st rib) are the same that make the SCV difficult or impossible to visualize.
8. The distance from the AXV to the cavoatrial junction may be significantly different than the distance from the SCV to the right atrium. This may have significance when choosing the proper length of a catheter.
9. The surgical approach to the AXV is quite a bit simpler than the SCV.

Essentially, I believe that when the CDC (and copied by the Institute for Healthcare Improvement) recommends a subclavian approach, you are inadvertently recommending the blind approach; because the SCV cannot be cannulated with US-g.

Of course, I recognize that much of my thesis rests on, as yet, unpublished material. But, the heart of my argument is that the anatomy has been known for over three centuries. Very little information is handed down to succeeding generations, if we do not portray the anatomy correctly. In the end, the question becomes, is anatomy important?

With all due respect,

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